

Recognising & Responding to Deterioration in Care Home Residents

Module 3 Work Book – Keeping residents safe through good communication & teamwork

This workbook has been designed to support your learning from the teaching session. It contains the slides, places for you to make notes, some extra information, tools and links to further reading that you may find helpful. The tools included are examples, clearer copies can be provided upon request. The presentation slides are available as a filmed version, please follow this link: <https://youtu.be/YH9XHYdYo5M>

We have also included some extra exercises you may wish to complete to help you practice your learning.

Finally there is a brief quiz to check your level of understanding; you may wish to complete this with a senior colleague in your care home.

We hope you find the training and workbook helpful.

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- Module 3 – Presentation slides (Separate attachment)
- Link to Module 3 film of the presentation: <https://youtu.be/YH9XHYdYo5M>
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Appendices

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Aims and Objectives (Module 3):

- To understand why good communication is key to recognising & acting on deterioration
- Highlight common issues with communication & tools that can help
- Show the importance of good teamwork
- Listening to each other (including residents and relatives)
- Requesting help outside the team SBARD

Communication and teamwork – A Quiz!

(You may wish to complete this with a colleague so you can discuss your answers)

1. What are the 3 things you need to be able to deliver safe and excellent care?

.....
.....

2. Name 2 'top tips' for improving teamwork in your care home:

.....
.....

3. Name one communication skill you could practice to improve understanding:

.....

4. Give an example of when using a structured communication tool such as SBARD is useful:

.....

5. What does SBARD stand for?

- a. S
- b. B
- c. A
- d. R
- e. D

Kindness matters

For more information visit this website: <https://www.civilitysaveslives.com/>

INCIVILITY

T H E F A C T S


WHAT HAPPENS WHEN SOMEONE IS RUDE?

80%



of recipients lose time worrying about the rudeness

38%




reduce the quality of their work

48%



reduce their time at work

25%



take it out on service users

Less effective clinicians provide poorer care


WITNESSES

20%



decrease in performance


50%



decrease in willingness to help others

SERVICE USERS

75%



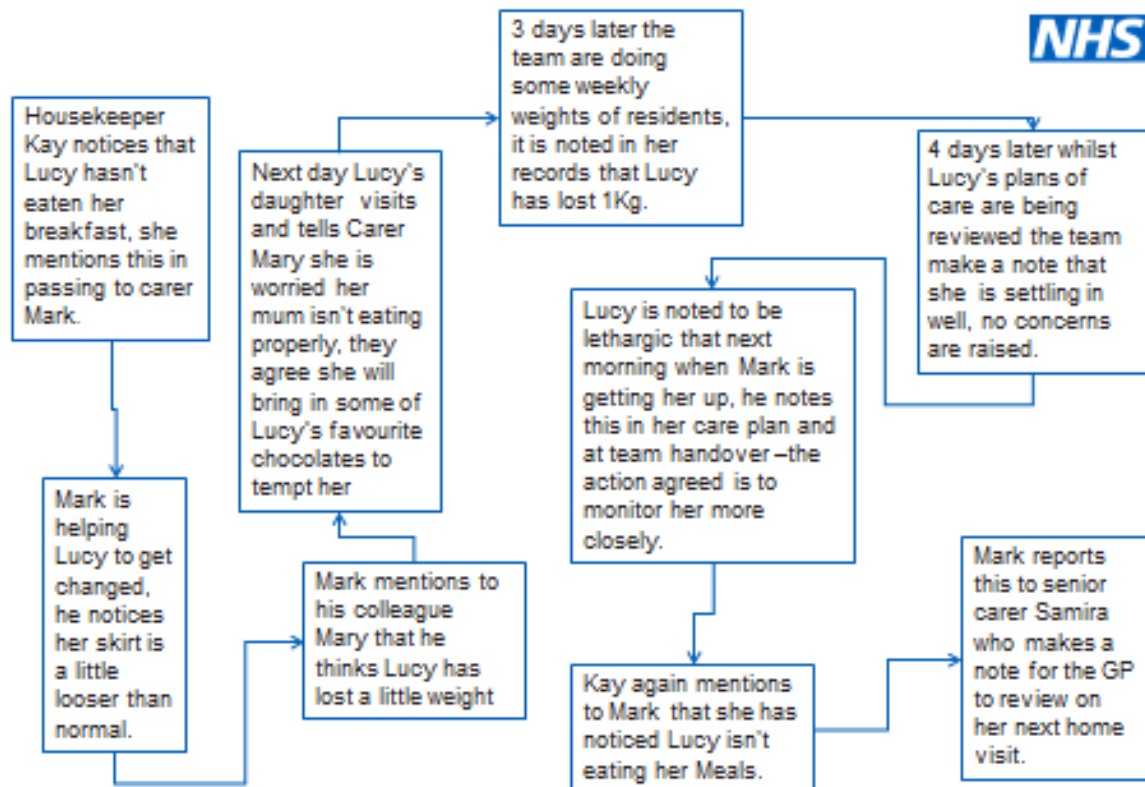
less enthusiasm for the organisation

**Incivility affects more than just the recipient
IT AFFECTS EVERYONE**

CIVILITY SAVES LIVES

The price of incivility. Pereth C. Pascoe C. *Hazl Bus Rev.* 2013 Jan-Feb;9(11-3):114-21, 146.

Improving information handover



21 | National Patient Safety Improvement Programmes

Exercise:

Make a note of:

1. Where you think there were missed opportunities for communicating any concerns about Lucy's wellbeing.
2. Can you think of any ideas of how to improve communication in this example?


Safety Huddles

Safety huddles are a short (5-10 minute) focused meeting about one or more agreed resident harms. To work successfully the team need to focus on a safety issue that is of concern to them and their residents, the key elements of a successful safety huddle are shown in the diagram.

There is lots more information available via this link: <https://www.improvementacademy.org/our-expertise/safety-huddles.html> or alternatively contact Mel Johnson on melanie.johnson@yhia.nhs.uk for a chat about starting safety huddles in your care home.



Example prompt sheet:




SAFETY HUDDLES

Improving Hydration

1. How many days since our last resident became dehydrated?
2. Could we have done anything differently?
3. Any residents at high risk of dehydration today?
4. What are we going to do as a team to keep them well hydrated?








(work through prompt sheet)

Any other residents we are worried about today?



SAFETY HUDDLES

Have we missed anything?

-  Residents at high risk of dehydration?
-  Add at risk residents to daily handover sheet
-  Consider residents on soft diet/thickened fluids
-  Review fluid intake chart
-  Encourage fluids by....
-  Assess urine colour
-  Medication review at GP visit

Improvement Academy

Chinese whispers exercise

This is a fun exercise that you can do with colleagues to demonstrate how difficult it can be to pass on a simple message

- Line up into 1 or 2 lines of colleagues (you will need at least 5 colleagues per line)
- Give the first person the message (below) on a piece of paper, ask them to read it and not to show anyone else then to whisper exactly what it says to the person next to them
- Each person then whispers what they hear to the next person in line
- The person at the end writes down exactly what they heard and feeds back to the rest of the group

To sum up ask colleagues to consider how misunderstandings happen sometimes when you think you have been clear in the message you have been given.

Ask colleagues to consider how they could improve and be clearer when they pass on any information

Message 1 - “Never let your inferior do you a favour, it will be extremely costly.”

Message 2 - “Morality like art, means drawing a line in someplace”

SBARD Practice

The following case studies can be used to practice using SBARD to pass on information about a poorly resident.

Ask colleagues to read the story and then complete a blank SBARD tool.

Discuss together how they found the exercise and what the key messages were that they would have used in the call for assistance.

Case study 1 Elsie

You are the senior carer on duty in a residential home. The housekeeper mentions in passing that Elsie hasn't eaten her lunch which is unusual for her.

You go to Elsie's room and have a chat with her. She appears to be a little more confused than normal (although she has Dementia so is always a little confused). You ask her to describe what is wrong but she is unable to tell you, she appears to be agitated and is moving around in the chair struggling to get comfortable. She is a Type 2 diabetic on tablets and you are worried her blood sugars may drop if she doesn't eat.

You check her care plan from that AM, there is nothing especially of concern recorded although it does say that she hasn't slept well for the past 2 nights and there is no record of when her bowels were last opened.

You use the RESTORE 2 Mini tool and she is triggering on Confusion, Bowels and agitation and nutrition, you are unable to determine where she last passed urine as she is normally independent to the toilet.

She looks flushed and you were concerned she may have a temperature.

As it is a Saturday and there is no GP visit planned for 2 days you decide to ring the out of hour's service to get some advice.

You are put through to the clinical hub who advise checking blood sugars and if low to give a sugary drink and to monitor as closely as possible before the visit. They state they aim to get someone out within 4 hours.

Case study 2 – Fred

You are a night carer in a nursing home. You are doing your 2AM rounds and go into Fred's room to find him on the floor. Fred is 86 and has been living in the home for 7 months so staff know him well.

You immediately call your colleague for help. Fred is awake and appears alert (although he has advanced Dementia so is unable to tell you if he is hurt).

You take his Observations and calculate his National Early Warning Score (NEWS) Score which is 6 (baseline of 3) mainly due to fast heart rate. There are no reports from the previous day that he had appeared unwell.

He appears to have a bruise on this left temple although there is no active bleeding and his left leg is bent outwards.

You assess the situation and decide it would be unsafe to move Fred with a hoist and decide to call 999 for an ambulance crew to help you assess and decide if he needs to be transferred to hospital. You check his notes and he does have a DNACPR in place although his advance care wishes are not recorded. The ambulance service respond saying that they will send a crew aiming to be with you within the hour. They advise not to move him because of possible injury but to keep as comfortable as possible and monitor his consciousness levels.

SBARD Form

Before calling for help

- ◆ Check Vital Signs (where possible): e.g. temperature, pulse, etc.
- ◆ Review Records: recent care notes, medications, other plans of care
- ◆ Have relevant information available when calling: e.g. care plan, vital signs, advance care plans such as DNACPR and RESPECT, allergies, medication list

Get your message across

Resident Name:		Date of Birth:	
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Raise the alert within your home e.g. to a senior carer, registered nurse or manager.
If possible, record the observations using a NEWS2 based system. Report your concerns to a health care professional e.g. nurse / GP / GP Hub / 111 / 999 using the SBARD Structured Communication Tool. 'Hello my name is', I am calling fromabout our resident.....

- S** Situation: e.g. what's happened. How are they?
- B** Background: e.g. what is their normal, how have they changed? Any long term medical conditions e.g. COPD, heart failure, diabetes?
- A** Assessment: e.g. what have you observed / done? Include signs you spotted from RESTORE2 Mini and any other vital signs if available e.g. temperature
- R** Recommendation: 'I need you to...'
- D** Decision: what have you agreed? (including any Treatment Escalation Plan and further observations)

Key prompts/decisions

Name of person (you are speaking to):			
Service:		Today's date:	
Signature:		Time of call:	

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

RESTORE2_SBARD_tool (Jul2020)