Early Warning Signs of a Deteriorating Resident Policy

Introduction

Quality statements are the commitments that providers, commissioners and system leaders should live up to. Expressed as ‘we statements’, they show what is needed to deliver high-quality, person-centred care.

When they refer to 'people' we mean people who use services, their families, friends and unpaid carers. This includes:

- people with protected equality characteristics
- those most likely to have a poorer experience of care or experience inequalities.

Elizabeth Finn Homes (EFH) will commit to the following quality statements for:

Learning culture

We have a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices.

Safe systems, pathways and transitions

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

Safe environments

We detect and control potential risks in the care environment. We make sure that the equipment, facilities and technology support the delivery of safe care.

Involving people to manage risks

We work with people to understand and manage risks by thinking holistically so that care meets their needs in a way that is safe and supportive and enables them to do the things that matter to them.

Infection prevention and control

We assess and manage the risk of infection. We detect and control the risk of it spreading and share any concerns with appropriate agencies promptly.

Medicines optimisation

We make sure that medicines and treatments are safe and meet people’s needs, capacities and preferences by enabling them to be involved in planning, including when changes happen.

Assessing needs

We maximise the effectiveness of people’s care and treatment by assessing and reviewing their health, care, well-being and communication needs with them.

Delivering-evidence based care and treatment

We plan and deliver people’s care and treatment with them, including what is important and matters to them. We do this in line with legislation and current evidence-based good practice and standards.

How staff, teams and services work together

We work effectively across teams and services to support people. We make sure they only need to tell their story once by sharing their assessment of needs when they move between different services.

Monitoring and improving outcomes

We routinely monitor people's care and treatment to continuously improve it. We ensure that outcomes are positive and consistent, and that they meet both clinical expectations and the expectations of people themselves.

Consent to care and treatment

We tell people about their rights around consent and respect these when we deliver person-centred care and treatment.

Treating people as individuals

We treat people as individuals and make sure their care, support and treatment meets their needs and preferences. We take account of their strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics.

Responding to people's immediate needs

We listen to and understand people's needs, views and wishes. We respond to these in that moment and will act to minimise any discomfort, concern or distress.

Person-centred care

We make sure people are at the centre of their care and treatment choices and we decide, in partnership with them, how to respond to any relevant changes in their needs.

Care provision, integration, and continuity

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Partnerships and communities

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Learning, improvement and innovation

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

Scope

The resident has the right to support from staff who are able to recognise and escalate early deterioration of their health, to minimise referrals to secondary care and improve outcomes through early intervention to reduce health complications.

EFH will ensure that the staff have the appropriate knowledge and training to recognise changing needs, health deterioration and escalate accordingly to healthcare professionals supporting the resident.

This policy and procedure are provided for the regulated activity of accommodation for people with personal care and nursing.

Equality Statement

EFH is committed to equal rights and the promotion of choice, person-centred care and the promotion of independence. This policy demonstrates our commitment to creating a positive culture of respect for all individuals. The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to reflect the Human Rights Act 1998 to promote positive practice and value the diversity of all individuals.

Policy Statement

This policy must be read and followed by all staff, including managers, involved in the care of a resident.

Some people are more at risk than others of becoming unwell very quickly and developing serious illness e.g. sepsis. This is known as 'deterioration' and it is important that anyone who cares for a resident knows how to spot the signs of deteriorating health.

EFH will require/will:

- Ensure all staff comply with policy and procedure.
- Ensure all staff have training in how to 'spot' the deteriorating resident, this will be reinforced with regular training and care plan documentation on 'what to do and when.'
- Ensure all staff are aware of the system of escalating concerns.
- Provide support and care based on the resident's preferences and wishes, which will be documented into the resident's detailed care plan should their condition deteriorate.
- All staff will be aware of the potential deterioration that may occur due to the resident's present medical conditions.
- No staff caring for the resident will make a decision as to whether the condition warrants escalation. Any deterioration will be escalated immediately via the locally agreed procedure.
- Staff that feel the resident's needs are too complex for them to provide safe care or are not confident in 'spotting' signs of deterioration should not be forced to care for that resident.
- Training will be provided to recognise 'soft signs' and more serious signs of deterioration.

Where the staff member is concerned that there is an urgent situation, they can dial 111 for advice or for emergency concern for a resident, e.g. cardiac or respiratory arrest they must dial 999 and call for an ambulance.

The Policy

EFH is committed to supporting residents to have as independent and normal a life as possible, in spite of medical conditions which may make this difficult.

The requirement of care input often makes that person more vulnerable to deterioration in their conditions and also more vulnerable to situations such as infections, e.g. urinary infections which may be caused by dehydration, chest infections which may be caused by inactivity, as well as underlying medical conditions which may be easily exacerbated.

EFH will provide staff with the requisite training to be able to recognise any deterioration in the resident's condition and ensure they receive timely intervention from an appropriate healthcare professional, e.g. GP, District Nurse etc, to manage their health problem and improve their outcomes.

Signs of Deterioration

EFH will have in place 'tools' for training staff in the recognition of the signs of the resident's deteriorating condition. If deterioration is potentially a side effect of their condition, then this will be included in the resident's care plan, e.g. a diabetic not eating but still on insulin may go 'hypo' potentially leading to collapse/becoming unconscious.

The key points of this training will include spotting the signs of serious illness, e.g. sepsis (see the 'Sepsis Policy'), and the softer signs of potential deterioration, e.g. increasing confusion which can be a sign of infection.

Identifying and Communicating Deterioration

EFH expect staff to document baseline observations of all residents on admission and then reviewed with any clinical changes.

The National Early Warning Score (NEWS), for example, measures blood pressure, oxygen saturation, pulse and respiration and temperature, all of which can give the healthcare professional a score that can determine the severity of the deterioration. EFH will incorporate the 'tools' that can be used by non-clinically trained staff in the home care setting to support them in identifying deterioration.

EFH staff have access to NEWS2 scoring chart through Access and Clinical and all residents should have this completed monthly through Resident of the Day as a baseline observation.

EFH expect staff to use NEWS2 Chart when there is any concern regarding a residents condition and staff will take the prompts predicted by the score and action immediately.

In the event of assistance called through 111 or 999 NEWS2 observations will be maintained until assistance arrives.

Early signs of physical 'unwellness' can be recognised by care staff who have familiarity with the resident. There is evidence of care staff 'knowing something is wrong,' but not knowing what or how to communicate it to professionals. This includes suggesting physical deterioration before it happens but presenting with difficulty when trying to communicate this non-specific information.

Another recognised tool that can help the staff member escalate the concerns more effectively is called 'Signs someone may be unwell and what should I do?' or SABARD (see the chart Appendix 1). This tool can help staff members gather their thoughts and present their concerns in a more logical manner.

EFH will have in place early warning tools to be used for training staff. This training will assist the staff member in the recognition of the early signs of deterioration. The basis of the majority of 'soft signs' tools are based on the following signs:

- Increasing confusion or change in mental state, e.g. anxious or agitated.
- Change in mobility such as unsteady walking.
- Change in skin, i.e. does the skin appear normal, is there any new damage, bruising, broken areas, infection, inflamed areas that are painful or discharging fluid.
- Unexplained change in toilet pattern, bowel or urinary, e.g. decreased urine, offensive smelling urine or reduced catheter output, or diarrhoea.

EFH has in place clear guidelines to ensure that:

- The staff member escalates any concerns as soon as they are noted.
- Guidance is in place to advise of what to do where more serious signs of deterioration are noted when visiting a resident.
- Within the guidelines there will be more detailed escalation guidance regarding the resident's wishes concerning end-of-life requests in the care plan.
- There may be in place advance planning documents including Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) and/or a Treatment Escalation Plan (TEP) which has been signed and dated by the healthcare

professional completing the form, indicating the wishes of the residents should their condition deteriorate. This must be clearly documented in the resident's care plan and communicated to all staff involved with care of the resident and communicated when transferring residents between care settings.

A staff member who attends to care for a resident and finds that person to be seriously unwell will have received training in escalating the situation.

The staff member will have instruction to, either themselves/or ask another member of staff, call 999 if the resident has breathing difficulties, chest pain or in an unresponsive state. If there are other concerns that the staff member considers urgent, they/the team leader can call 111 for advice. The resident must not be left alone unless absolutely necessary to call for help.

Once the emergency services have been called, a staff member will stay with the resident, providing first aid or resuscitation if necessary, until the emergency services arrive. They will inform senior staff of the incident and the actions taken according to the organisation's procedure.

If the staff member finds that the resident is obviously unwell but does not appear to be in immediate danger then they will immediately escalate as per the organisation's procedure, staying with the resident until advised that they can leave. The staff member will keep the team leader and/or Duty Manager updated.

References and further reading

https://www.england.nhs.uk/ourwork/clinical-policy/sepsis/nationalearlywarningscore/

Appendix 1

This can be adapted for informed conversations with Emergency Services regarding a resident in EFH.

S	**Situation:** I am (name), (X) nurse on ward (X) I am calling about (patient X). I am calling because ... I am concerned that ... (eg blood pressure is low/high, pulse is XX, temperature is XX, Early Warning Score is XX)
B	**Background:** Patient (X) was admitted on (XX date) with ... (eg MI/chest infection) They have had (X operation/procedure/investigation) Patient (X)'s condition has changed in the last (XX mins) Their last set of observations were (XX) Patient (X)'s normal condition is ... (eg alert/drowsy/confused, pain free)
A	**Assessment:** I think the problem is (XXX) And I have ... (eg given O_2/analgesia, stopped the infusion) OR I am not sure what the problem is but patient (X) is deteriorating OR I don't know what is wrong but I am worried
R	**Recommendation**: I need you to ... Come to see the patient in the next (XX mins) AND Is there anything I need to do in the meantime? (eg stop the fluid/repeat the observations)

Review date	Next Review Date
May 2024	May 2027