Supplementary file 2: Additional participant quotes

Theme 1: RESTORE2 use and training

RESTORE2 use

[Non-routine measurement of parameters in residential homes] Residential care homes are not obliged to do observations although during Covid, we did oxygen [saturation] and [temperature] particularly with those who were positive so we could monitor them and provide care and extra support if needed. As a rule of thumb, we wouldn’t do [observations] [P4, residential home]

[Views on soft signs] Soft signs, it’s … another indicator that there might be an issue or infection going on, perhaps sepsis, with the residents. Used in conjunction with the NEWS2 it is very useful [P6, nursing]

[Usefulness of NEWS2] It is very useful … we use it [often] as a method to clear the fine doubts we have [about] what to do next … If NEWS2 is too high I can see there is a level of infection here and because of concern that I’m not able to deal with it in the home then once I’ve spoken with 111 or the GP or even 999 … If I give them the NEWS2 results they will probably straight away arrange an ambulance [P14, nursing home]

[Complexity of NEWS2 and usefulness of SBARD] I found [NEWS2] a little bit more difficult with doing the scoring … I had never done it before … we don’t take observations on a regular basis … the structured SBARD was useful as it … provides a tool where we can write [information] down and have it in front of us when we telephone other agencies or services [P1, residential home]

[Limited use and relevance of SBARD] We don’t use SBARD as such, we don’t have SBARD forms that we really use; we email our GPs or we call 111 and … so without knowing it, you are sort of doing an SBARD … [it’s] not very relevant [P6, nursing home]

RESTORE2 training

[Refresher course for nurses] It was a good training, I enjoyed it. It took a couple of hours and it was the full training comprising soft signs, NEWS2 and SBARD … I liked the information, some of it we’ve covered already in previous training but I always find it’s good to refresh anyway [P5, nursing home]

[Learning opportunity for carers] You can develop new skills when you learn new things. Before, I wasn’t that confident, but after doing the training I’m quite confident [P9, residential home]

[Learning opportunity for managers] It was very informative. Never had anything like that because everything is geared at the nurses in the home, so from my perspective it was an honour to be encouraged to learn some of the things that nurses know that carers don’t. I know when someone is not feeling very well and the signs to look out for but the training gives more confidence [P3, nursing home]

[Training benefits] I learned about scoring the seriousness of the residents transfer, be it to hospital or treating them in the home and taking their vital signs and escalating. How much temperature, confusion, pulse, oxygen saturation, and the pre-existing causes all come together to make a score and then take a decision, which is very good … The training is supporting and helping staff to use the tool in their day to day nursing care [P2, nursing home]

[Limitation of online training] It was well explained but I found it harder to ask questions in a group [online] setting unlike in a face-to-face setting. I don’t mind doing the online training but sometimes, if it takes a bit of time to get used to it, it’s hard to keep asking questions. I would have preferred a bit of both [P1, residential home]
[Preference for in-person training] Because it was done over the internet, we don’t have very good connectivity so there’s only certain places that you can go and they are not always that quiet … Face to face training (in a perfect world without Covid) would be preferred [P6, nursing home]

Theme 2: Benefits of RESTORE2

Benefits to care home management and staff

[Improved staff confidence] It gives you that confidence that you have covered every bit of information that you really need for taking care of that resident and communicating about that resident to anyone … like the GP surgery, the paramedic or external health care professional or a peer group [P12, dual registered home]

[Evidence of actions taken] In regards to any inspection as well, from a different perspective, it’s also about demonstrating what they’ve done, another factor of record keeping and evidencing that they’ve taken appropriate actions, sought medical advice [P4, residential home]

[Informed decision-making] It is benfitting us because we know whether to send the resident to the hospital or whether not to and treat them in the home … Also when discussing with colleagues, we can always say there is nothing to worry about because the score is this and this informed the decision e.g. no need for escalation [P2, nursing home]

[Recognition of deterioration] RESTORE2 would enable staff to recognise someone who is not feeling well, and they can all help each other which will make them a better team [P3, nursing home]

Benefits to residents, family and friends

[Improved outcome] The clinical team can act quickly to make sure … that particular resident will get help with deterioration … and also it reduces the hospital admissions. It reduces the risk of getting sepsis, like for example, if that person, is not himself at the moment, you do the necessary observation … reduces the risk to continually deteriorate [P13, dual registered home]

[Care at home] The residents don’t like to go to hospital … they are scared of the hospital. They prefer to stay in the nursing home where they are comfortable … so don’t like when 999 is dialled. Residents also have more confidence in the staff to look after them properly [P2, nursing home]

Impact on healthcare utilisation

[Reduced hospital admission] This is what you’ve found [the resident is] poorly, [has reduced] appetite, it takes you to call immediately the medical support … It’s really good. It’s a big help for the nurses as well and for the carer. They can act quickly to reduce the needs of hospital admission [P13, dual registered home]

[Reduced use of healthcare resources] So instead of perhaps being told ‘oh yeah just observe or refer to the GP on Monday’ …. It might be about … getting the right medical attention to the person rather than have it put on hold till Monday to contact the GP and then it might escalate and they then have to call 999 which would put more pressure on the resources of the NHS [P4, residential home]

[Reduced use of ambulance service] It does help … [if] the scores are not too high … we need to check again … rather than calling an ambulance at the first stage and making them more busy, [observations] could be done the second time to check and the [scores] might come back to normal [P12, dual registered]
Theme 3: Implementation challenges and moving forwards

Implementation challenges

[Medically-oriented components] NEWS2 is very medical orientated ... it's saying, 'record their observations hourly'. Now, in a residential care home ... that is probably not going to happen ... they will not have the staffing levels to do that ... It even says it in its documentation, ‘- for nursing homes’ [P10, residential home]

[Lack of buy-in] We are in an industry that are constantly filling out forms and actually sometimes it's just draining and exhausting, whereas support workers, the time you spend with a client is not constantly here doing 101 sheets for different people but then they don't even ask you ... it needs that linkage ... So unless everyone is using it and measuring it in the same way, sometimes it could be pointless doing that exercise because actually that's not what they want to know [P8, residential home]

[Time constraint] Obviously, the challenges of getting used to [using RESTORE2]. The first challenge is that we don't have time to go and start doing it ... It will take time for [staff] to understand that it's more beneficial and less time looking for things, so timing would be a big concern but only till people come over to it [P12, dual registered home]

[Lack of integration with digital care systems] One of the senior carers said well hang on a minute, we are already doing this on care control and I said yes, we are but what you should do is record it on care control and then you have to copy it over onto the piece of paper ... So we will have central files for residents with their baseline, NEWS score essentially and then we can, if we feel someone deteriorates we will transfer what we are putting onto the cloud-based system onto the piece of paper to see how their score varies [P7, residential home]

[Inadequate equipment to measure NEWS2 parameters] We've been trying to get new pulse oximeters which we were told during the pandemic would be made available to all care homes and as of Friday we got an email saying the NHS is not going to provide them and it's not something that care homes should have or should be doing which I completely disagree with [P7, residential home]

[Inadequate confidence] If we had to choose, I don't know if I will use [NEWS2] as it is challenging to use and time-consuming ... I am often concerned about getting it wrong even though I believe my instincts are correct [P1, residential home]

[Inadequate confidence and adverse events] If I wasn’t there, I don’t think my staff would have felt confident enough questioning a nurse on Immedicare. And this [resident], I have no doubt, would have deteriorated, because her NEWS score is normally a one. The next day she was a three. And the next day she was a six ... But it is one of my concerns ... she would have deteriorated ... the impact would have been, she'd have had a longer stay in hospital, or it could have got worse, end of life [P10, residential]

[Inadequate clinical skills and judgement] The staff would think ‘oh well we don’t know about the blood pressure because we don’t do it. We don’t do the pulse’ ... Oximeters, the pulse things ... I don’t know how to use it ... No one has shown us ... expecting you to do it, but you are support workers, we are not nursing .... We could put the figures down, but what does it actually physically mean? When do you have to action stuff, when do you not have to action it? And I think that's the key thing [P8, residential home]

[Inadequate clinical experience] One of the hesitations that we’ve had from staff, like those with skin viability issues, is taking blood pressure appropriate? At what point do you say, for this person, is taking blood pressure going to be good? When is appropriate to take obs [observations], so when don't you take blood pressure?  [P7, residential home]
[Managing absences] It's costing, isn't it, that if two staff are then ... doing the training, then I still need staff to be on the floor and I'm only a small care home [P8, residential home]

Moving forwards with implementation

[Working with care homes to understand implementation challenges] So, I think that it's great that you are doing this and speaking to the care homes first because ... people have been dictating to social care and care homes as to what they think the answer is but not understanding what the challenges are [P6, nursing]

[Increasing buy-in and upskilling staff] Making sure the external providers know what we are talking about and I think it's just the upskilling of the staff [P6, nursing]

[Providing ongoing support] Having an in-person visit that feels like we are being supported rather than judged ... there is always that kind of nervousness that people aren't coming in as partners, they are coming in as a regulator or to investigate and we need to feel that we have support [P7, residential home]

[Regular refresher courses] Regular refreshers are your best bet in a way that says that the tool is there [P5, nursing].

[Adapting RESTORE2] What you need to do is, actually, look at the clinical response form and, actually, adapt it to a care home setting [P10, residential home]

[In-person training incorporating hands-on learning] So more of a focus group/workshop ... I know [online training] is brilliant, it's been convenient, but a lot of them just switch off, to be honest. They ... are like, "Oh yes, we did it" ... "Well then what did you learn from it?" [P8, residential]

[Combining different learning styles] I think it's looking at different methods of people learning, because we all learn in different ways ... lower skilled workers, they are not going to sit there and listen to you with all this complexity ... but actually, if you gave them practical examples and then followed it through and said, "Right, so what's the key information that you have got that we can put in this form? How is it going to help?" so they can visually see how it's going to help [P8, residential home]