**Adult Social Care and**

**Health**

**Technology Enabled Care (formerly Telecare)**

**Operational Protocols**

V7

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| **This document is hosted on the Doro website, on KNet and via the KCC website Professionals page:** [**www.kent.gov.uk/equipmentandtechnology**](file://invicta.cantium.net/kccroot/Users/mai-homedrive/CoopeW01/WORKAREA/TRAINING/New%20Provider%20CEA%20and%20TC/Telecare/doc%20changes/www.kent.gov.uk/equipmentandtechnology)**. Any amendments or updates MUST be made to all copies.** | |



**Definition of Terms Used**

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| Doro (formerly Centra Pulse) | Telecare Equipment Provider for Kent County Council |
| Person | Relates to the person (client) who the Telecare Provision is being considered for. |
| ICES | Integrated Community Equipment Service |
| Kara | Kent Alcove Rethink Alliance  Simple to use video carephone devices that have been purchased and deployed in response to the Coronavirus pandemic that support wellbeing and reduces social isolation. |
| KCC | Kent County Council |
| Keyworker | Allocated worker on Social Care Client System. It is recognised that the keyworker will often not be the  practitioner who has installed telecare; however as keyworker they will be responsible for any ongoing actions associated with the person’s telecare. |
| KNet | Kent County Council’s intranet system |
| National Eligibility Criteria | A single eligibility threshold for adults with care and support needs and carers set out in The Care and  Support (Eligibility Criteria) Regulations 2014. Eligibility is determined following a needs assessment under section  9 of the Care Act 2014. |
| Practitioners | All staff involved in assessment and provision of support and care services including Care and Case Managers; Community Learning Disability Team; staff within KMPT; approved Trusted Assessors. The practitioner who  assesses and recommends the telecare installation often does not have an active part in the ongoing involvement with the person. |
| TBOT | Technical and Business Operations Team. |
| Telecare | Part of Technology Enabled Care and is the use of technologies such as remote monitoring and emergency alarms to support a person’s independence in their home. |
| Technology Enabled Care (TEC) | Digital or analogue products that are able to send and receive a signal and provides support to a person  e.g. Telecare, tablets, smart speakers etc. |
| ARMS | Area Referral Management Service |

**1**.  **Aims and objectives of Technology Enabled Care**

1.1 To provide a service that enables people to live in their chosen environment, reduce risks identified through assessment and provide support in a cost-effective way. Telecare may be a part of a wider network of support.

1.2 Technology Enabled Care consists of a range of equipment and monitoring services which can support people to remain independent in their own homes for longer. Technology can have a significant impact on maintaining physical and mental health as well as emotional wellbeing.

1.3 To provide reassurance to the person we support’s care-network whilst enabling Case Management staff to complete visits and assessments virtually.

**2. Technology Enabled Care Equipment**

Technology Enabled Care Service products could come in the following, but not limited to, forms:

* Assistive technology - (e.g. smart televisions, smart speakers, smart home hubs, video doorbells, medication dispensers, remote door entry etc.)
* Mobile Applications (e.g. promotion of health, for wellbeing, undertaking daily activities etc.)
* Remote monitoring and communication (e.g. tablets, video phones, virtual calls to formal and informal network, sensory impairment communication tools, environment sensors etc.)
* Telecare (e.g. personal sensors, alarms, wearables etc.)

**3. Provision of Technology Enabled Care by Kent County Council (KCC)**

3.1 Technology Enabled Care may be provided by KCC where the person has needs for care and support that meet the national eligibility criteria and these needs can be met either wholly or in part through the provision of technology.

3.2 KCC will not routinely provide what is considered basic telecare if the solution is standard, for example "Community Alarms", mobile phone apps and GPS trackers. Practitioners should adopt a risk-based approach and provide information and advice to enable the person to self-purchase the equipment. [Information can be found on KCC’s website](https://www.kent.gov.uk/social-care-and-health/care-and-support/housing-and-care-homes/help-to-live-at-home/equipment-and-changes-to-your-home/sensors-monitors-and-alarms).

3.3 Where the equipment solution is basic and the person is informed and signposted to source their equipment for themselves, they MUST be provided with support and advice to do so. This action must be documented on the person’s file.

3.4 Technology Enabled Care equipment and services, such as GPS trackers and sensors, whilst offering independence, choice and control to many people can also be viewed as potentially restrictive to a person’s autonomy where monitoring is in place; whether this be from family or Doro. Where there are concerns regarding a person’s mental capacity to make a decision regarding the options of Technology Enabled Care equipment and services, practitioners MUST follow the principles of the Mental Capacity Act and KCC’s Mental Capacity Act & Deprivation of Liberty Safeguards Operational Policy, located in the Adult Social Care Operational Policies area of KNet. These decisions must be documented appropriately. Only KCC staff will be able to assess and prescribe GPS devices due to their complexity and need for ongoing review.

3.5 New people who are in receipt of Continuing Health Care to meet their care and support needs, will not be eligible for a Technology Enabled Care service from KCC. Practitioners should direct recommendations back to the relevant CCG.

3.6 Where the person resides in a Residential or Nursing Home it is the expectation, in line with other Community Equipment arrangements, that the Home provides their own Technology Enabled Care equipment. (See Guidance for Provision and Recycling of Community Equipment in Care Homes for Adults located in Adult Social Care Operational Policies on KNet). In some exceptional circumstances, such as when a highly bespoke system is required for the individual, which will not be able to be re-used by others, KCC may make provision.

3.7 Where a person has their own tenancy within a supported living environment, this is considered as living within the community and therefore equipment provision will be provided and funded by KCC through Doro where there is an assessed need.

3.8 Although it is recognised that Technology Enabled Care can support carers in their caring role, the provision of Technology is principally made to meet the unmet eligible needs of the person who is being cared for. Therefore, it is important that the assessment for Technology Enabled Care is completed in the person that is being cared for’s name and forms part of their agreed Care and Support Plan.

**3.8 Provision of Technology Enabled Care as part of a Care and Support Plan**

3.8.1 The practitioner will conduct a need’s assessment, proportionate to the presenting circumstances and in line with the Assessment policy and guidance. The assessment should include a Risk Assessment, using the ASCH Risk Assessment and Risk Management policy and operational guidance. This is located in the [Adult Social Care policies area of KNet](https://kentcountycouncil.sharepoint.com/sites/KNet/asch/Pages/all-documents.aspx#InplviewHash7d3c3280-341f-48cc-b238-1ce0e8a2131e=Paged%3DTRUE-p_SortBehavior%3D0-p_FileLeafRef%3DNo%2520Recourse%2520to%2520Public%2520Funds%2520Form%252edoc-p_ID%3D662-FolderCTID%3D0x012001-PageFirstRow%3D31-FilterField1%3DSubject-FilterValue1%3DAssessments). The risk assessment should be proportionate to the presenting circumstances so may be part of the assessment or a separate activity.

3.8.2 On completion of the needs assessment the practitioner will determine whether the person has eligible needs by applying The National Eligibility Criteria. Where there are eligible needs that are unmet and it can be evidenced that Technology Enabled Care best meets those unmet eligible needs, Technology Enabled Care may be provided. Consideration should given to what other options and resources are available to the person to support themselves prior to Technology Enabled Care being recommended. The use of Technology Enabled Care to meet the person’s needs must be recorded within the Care and Support Plan and the Services added to the person as per the protocols within the Social Care Client System Telecare User Guide. This is located in “ the [Adult Social Care policies, documents and templates area of KNet](https://kentcountycouncil.sharepoint.com/sites/KNet/asch/Pages/all-documents.aspx#InplviewHash7d3c3280-341f-48cc-b238-1ce0e8a2131e=FilterField1%3DSubject-FilterValue1%3DTelecare). The Telecare Reasoning Form will also need completed and emailed to [TelecareAuthorisations@kent.gov.uk](mailto:TelecareAuthorisations@kent.gov.uk) to enable authorisation of the equipment package. The Telecare Reasoning Form is located in the documents provided following training sessions and on KNet.

3.8.3 As Technology Enabled Care is part of meeting the person’s eligible needs, it will be reviewed in line with the Promoting Independence Through Review Policy and Operational Guidance. [This can be found in the Adult Social Care Operational Policies area of KNet.](https://kentcountycouncil.sharepoint.com/sites/KNet/asch/Pages/all-documents.aspx#InplviewHash7d3c3280-341f-48cc-b238-1ce0e8a2131e=Paged%3DTRUE-p_SortBehavior%3D0-p_FileLeafRef%3DNo%2520Recourse%2520to%2520Public%2520Funds%2520Form%252edoc-p_ID%3D662-FolderCTID%3D0x012001-PageFirstRow%3D31-FilterField1%3DSubject-FilterValue1%3DAssessments)

**3.9 Provision of Technology Enabled Care as part of a Preventative Intervention**

3.9.1 Technology Enabled Care may support a person as a preventative intervention to prevent or delay the need for additional formal support services. Where the person does not meet the National Eligibility Criteria and have eligible unmet needs, practitioners should adopt a risk-based approach and provide information to enable the person to self-purchase the equipment. [Information can be found on KCC’s website](https://www.kent.gov.uk/social-care-and-health/care-and-support/housing-and-care-homes/help-to-live-at-home/equipment-and-changes-to-your-home/sensors-monitors-and-alarms)

**4. Changes in need for Technology Enabled Care**

4.1 It is recognised that a person’s need for a range of Technology Enabled Care equipment might change over time, for example with changes to the person’s support network, health and housing. As such, this may mean that additional equipment is required, or alternatively that it is no longer required to be provided by KCC. Practitioners should explain at the point of provision that the Technology Enabled Care equipment is on loan and the ongoing need for the Technology Enabled Care package will be reviewed. If the Technology Enabled Care is no longer used or required, it should be returned to Doro immediately and both Social Care and Doro records updated accordingly.

4.2 Practitioner reviews:

4.2.1 Provision of Technology Enabled Care will form part of provision considered within the regular review process and use the decision-making process outlined in (3) above. This may result in:

* Additional Technology Enabled Care equipment to meet new needs
* Removal of Technology Enabled Care equipment and cessation of services.
* Transfer of existing Technology Enabled Care equipment to a beneficiary in the property who has received an assessment for their own care and support needs.

4.2.2 Practitioners are expected to review following an alert from the monitoring team, or when there is a known change in circumstances.

4.2.3 When reviewing how the Technology Enabled Care is supporting the person to meet their identified outcomes, it is helpful to contact Doro for some monitoring information such as when they last activated the unit or used the device. Some devices, such as the GPS, require charging and if they are not being charged this might indicate that the person is not using it. This might be because their needs have changed or they are unsure of how to operate it. Practitioners should ensure that the person is still confident with using their Technology Enabled Care equipment and are aware of the importance of testing the batteries in the equipment regularly to support with maintenance of the equipment.

4.2.4 Practitioners should confirm that the contacts identified for the person are up to date. Any changes in personal circumstances should also be provided to Doro.

4.2.5 Changes to provision resulting from the review must be requested via Doro. The practitioner must ensure that the review is recorded and the care and support updated on the person’s record.

4.3 Historic prescription of basic telecare provision, also known as ‘Telecare Only’, where telecare equipment has been provided for prevention purposes in the past, will be reviewed annually by Doro. Doro will inform TBOT of any changes associated with this and both Social Care and Doro records will be updated accordingly as well as any telecare equipment that is no longer required is to be recycled in accordance with the contract through contacting Doro.

**5. Accessing Technology Enabled Care**

5.1 The practitioner will identify Technology Enabled Care as part of a solution to support the individual to meet their outcomes as part of the Care and Support Planning process, utilising core equipment from Doro.

5.2 Training is essential to support practitioners in understanding the benefits of Technology Enabled Care and the products available on the Catalogue. Practitioners will also need to be aware of the National Eligibility Criteria and KCC’s Technology Enabled Care Operational Protocols. Practitioners must successfully complete KCC’s commissioned Telecare Assessor training session in order to request Telecare. Telecare Assessor update refresher sessions must be completed every two years. These sessions can be booked on using the KCC’s training platform, [Delta](https://www.delta-learning.com/login/index.php).

5.3 Telecare Champions are based in each area to support practitioners. Champions also attend Telecare Equipment Review Groups to ensure that the most appropriate products are being considered and to be aware of new technology. Telecare Champion and Update Champion training is also available and can be accessed in the same way as Telecare Assessor training.

5.4 All relevant documents relating to Technology Enabled Care are available on [KNet Social Care Policies pages](https://kentcountycouncil.sharepoint.com/sites/KNet/asch/Pages/all-documents.aspx#InplviewHash7d3c3280-341f-48cc-b238-1ce0e8a2131e=FolderCTID%3D0x012001-FilterField1%3DSubject-FilterValue1%3DTelecare).

**6. The Telecare Agreement**

6.1 The person must be advised there is currently no charge for KCC provision of telecare, but this is subject to change.

6.2 Practitioners must explain and discuss the Telecare Agreement with the person. This must be signed by the person or their advocate. In certain cases a best interest decision may be made where the person lacks capacity to make the decision regarding telecare.

6.3 The person must receive their copy of the Telecare Agreement.

6.4 The practitioner must obtain permission from a private landlord or authorised person from a Local Authority or Housing Association to fix sensors to the fabric of the property using the “Permission Letter to Landlords for FIXED telecare equipment”

6.5 A copy of the Telecare Agreement and landlord permission letter must all be kept on the person’s electronic file on the person’s record.

**7. Requesting telecare**

7.1 Once a telecare requirement has been identified, the Practitioners must contact Doro on 0300 456 3652 to discuss equipment options and place an order.

7.2 The Telecare Reasoning Form must be completed for all orders. This should detail the person’s situation, outline the range of options considered before requesting telecare and the reasons the particular items are required. This must be sent to the Telecare Authorisations Mailbox, [TelecareAuthorisations@kent.gov.uk](mailto:TelecareAuthorisations@kent.gov.uk) , at the same time that the order is being placed by phone direct with Doro. The Senior Telecare Authorisor will review the request and if approved will email Doro and the practitioner to progress the order.

**8. Recording Telecare**

8.1 All discussions and decisions **MUST** be recorded using the correct documentation, including the Care and Support Plan, Telecare Reasoning Form and risk assessment. These must be signed off by the person using the service, as well as the Practitioner and Manager as appropriate.

8.2 The practitioner must ensure that the person’s record is updated.

8.3 When recording telecare for couples, if the piece of equipment is being shared by more than one person (i.e. two people using the equipment in the same house), then a Contact Note on the person’s record will need to be added under the drop down heading of ‘Telecare - Shared Service User Information’, detailing the piece of equipment being shared and the Client ID of who they are sharing with. This is further outlined in the Social Care Client System Telecare User Guide.

**9. Removal of telecare equipment and services**

9.1 When the equipment is no longer used or required, the keyworker will arrange prompt collection by Doro and ensure all records are amended on the Authority’s Social Care Client System in line with the Social Care Client System Telecare User Guide.

9.2 The following issues will be considered by the key worker in relation to the removal of telecare Services:

• A change in the circumstances of the person

• The death of the person

• The abuse of the Telecare service and equipment

9.3 Telecare Removal Process

9.3.1 If review of telecare indicates that provision is no longer required, the key worker is responsible for discussing any on-going support requirements which may include private provision of community alarm systems.

9.3.2 The Key worker must:

• request de-installation and collection with Doro

• ensure the Authority’s Social Care Client System is updated as per the Social Care Client System Telecare User Guide

9.3.3 Doro will notify KCC of the collections completed on a monthly report. This report is circulated to individual teams where the date of collection MUST be updated on the Authority’s Social Care Client System as per the Social Care Client System Telecare User Guide. This is often completed by an administration officer; however it is the Key worker’s responsibility to ensure that this has been completed.

9.3.4 Until equipment is collected, the person’s record should remain open to a keyworker and / or team.

9.3.5 If it is established during the review or collection of telecare, that equipment has been lost and all reasonable efforts have been made to locate said equipment; the key worker MUST email The Telecare Authorisations Mailbox ([TelecareAuthorisations@kent.gov.uk](mailto:TelecareAuthorisations@kent.gov.uk)) and request authorisation for the equipment to be “written off”. If agreed, the key worker and Doro will be informed and the person’s record updated accordingly.

9.3.6 If it is established at the point of collection that another person in the household is using the telecare equipment, then that person should be assessed to establish their eligibility as outlined in Section 3. This will usually be via a referral through ARMS. It is good practice to keep the equipment in place until the assessment has been completed and a decision communicated to the person.

**Appendix 1: Kent County Council Telecare Equipment Prescription**

**Guidance: A Supplementary Aid to support decision making**

This Guidance is supplementary to the Telecare Operational Protocols and should not be used in isolation. Its aim is to support decision making when considering assistive technology for a person.

**Telecare Overview**

Telecare solutions have developed greatly alongside the digital world and can be sourced from a wide range of companies and outlets. These offer real opportunities to support adults with a wide variety of conditions to live as independently as possible. Although it is recognised that Telecare equipment can support carers in their caring role, the provision of Telecare is principally made to meet the unmet eligible needs of the person who is being cared for.  Therefore it is important that the assessment for Telecare is completed in the person that is being cared for’s name and forms part of their agreed Care and Support Plan.

With the continued trend in using smart phones, there are many apps that people can access using their own phones.

It is vital that a person is consulted about Telecare and that informed consent is gained before purchase and installation. Telecare, although having many benefits, can be viewed as a restriction on a person’s life as they are being monitored at all times, albeit remotely. If a person is not able to consent to telecare (and an assessment of mental capacity has been completed in respect to this decision where there are concerns), then a decision to have telecare would have to be made in their best interests and demonstration shown that this was the least restrictive option to meet their needs.

KCC do not routinely provide simple telecare equipment solutions in isolation, such as basic lifelines, sensors, and key safes and this is detailed within the Telecare Operational Protocols document. People should be offered advice to support them to self-purchase. This enables the person and their carers to select a system which allows them to have the support and monitoring tailored to their needs and even have the response routed to their own devices if this is preferred.

Where a person’s needs are more complex and it can be evidenced that the person meets the national eligibility criteria under the Care Act 2014 and the telecare supports their unmet eligible needs; certain packages of telecare might be provided by Kent County Council.

Practitioners will need to complete a Telecare Reasoning Form for orders over £350, GPS systems, bespoke equipment or when telecare equipment provision falls outside of the usual telecare prescription criteria. This should detail the person’s situation, outline the range of options considered before requesting telecare and the reasons the particular items are required.

**TELECARE EQUIPMENT AND CONSIDERATIONS**

**Falls detectors**

These activate automatically if the person falls. They can be particularly helpful to support people who:

• Have seizures, blackouts, lose consciousness as part of their falls risk, which might mean that they could not summon help or press a standard pendant if they fell.

• Have a cognitive impairment, dementia or learning disability which might reduce their ability to recognise the need to press their pendant as part of their falls risk.

• Have weakness/paralysis of one side of their body which might mean that if they fell on their affected side, they could not summon help or press a standard pendant, as part of their falls risk.

Before prescribing a falls detector, there are a great number of issues to consider, the main being can you  **prevent or reduce the risk of them falling**? Preventing someone falling is much more effective than a quick response generated from telecare equipment. Telecare will only support someone at home, but this leaves them at risk of falls in the community; leading to loss of confidence, isolation from a reluctance to leave home and dependence on others to support them with community activities. Before considering a falls detector, the following should be considered and addressed:

1.  **Medical Diagnoses and Medications**- there are many medical reasons why a person falls. If the person has had a recent exacerbation in their falls, consider a GP or falls clinic referral first as it may be treatable.

2.  **Pattern of Falls and History**- finding out when the person last fell and the circumstances around the falls. What is the history of their falls within the past year? It might be that this is related to their medication or medical diagnoses or environmental issues. Falls prevention services should always be considered.

3.  **What happens when they fall?** Do they lose consciousness, do they fall rapidly or slump more slowly to the floor? This impacts on what equipment can be used as falls detectors work differently. Is the person able to get up after a fall? Do they injure themselves when they fall?

4.  **Clothing and Footwear**- Are they wearing supportive footwear in and outdoors, this is particularly important with slippers. Are skirts/dresses/nightwear/trousers an appropriate length? These can cause a person to trip if they are too long, particularly on step/stairs

5.  **Walking aids-** would the person benefit from a mobility assessment and walking aid? If they have an aid, are they using their walking aid correctly and does it appear to fit their needs? They may need a referral for physiotherapy or a walking aid assessment instead.

6.  **Home Environment-** consider flooring- loose rugs and poorly fitted/worn carpet can cause falls, as can wooden/shiny floors. Advice should be given to improve safety. Community equipment and minor adaptations, such as rails and raised toilet seats might reduce the risk of falls and promote independence.

**Alternative options to a falls detector**

1. Lifeline pendant - In most cases, use of a basic/ standard Lifeline Pendant/ Community Alarm may be sufficient and should be considered first. This is a basic button on a watch or pendant that someone pushes when they need support or emergency, such as a fall or feeling unwell. A cover can be added to the alarm which makes it easier for people with reduced grip and dexterity (such as arthritis, neurological problems) to activate it. KCC would not routinely provide this equipment and people should be directed for self purchase.

2. For many people, keeping a mobile phone with them might help them summon help should they fall. These could be used on a neck strap or a waist pouch. Mobiles could be programmed with family numbers on speed dial.

**Reminder Prompts**

A basic lifeline unit can be utilised to support the person with daily reminders. Families can set recorded messages to the base unit to remind the adult of important things. This might be “remember your keys” or “remember to take your medication” or “it’s time to make your lunch”. They can be linked to sensors, for example the door sensors, so that when the door is opened the sensor will remind them to take their keys and to lock the door. This can support people to manage their daily routine without families having to phone several times a day.

It is important to note that these systems will only work if the person has the cognitive ability to follow these instructions and require a simple prompt only.

Calendars, diaries and whiteboards are also strategies that might work when a person needs reminding to complete an activity/of an event.

KCC would not routinely provide this equipment as a stand-alone solution and people should be directed for self purchase.

**Smoke detectors and carbon monoxide detectors**

Consider if there is a specific need to have these linked to a monitoring centre and the risks of the person’s particular situation at home. A linked system might be indicated where it was likely that if there was a fire, the person might not be aware of the problem or be unable to call emergency services themselves. For example, if a person living with dementia smoked and was prone to dropping cigarettes and falling asleep when smoking and would not know how to alert help if there was a fire.

A referral to the Fire Service for a Home Safety Check to look at fitting smoke alarms and also providing equipment and services such as fire retardant sprays to carpet/chair/bed and specialist bedding/blankets/ash trays should be considered.

Carbon Monoxide detectors should not be used to replace the need for routine gas equipment safety checks and maintenance of the person’s own home appliances.

**Temperature extremes detector**

These will alert if there is a marked change in temperature or if the temperature drops below a certain level. It may alert if a person routinely leaves the door open or if they are not using their heating appropriately, for example a person with memory problems who may be repeatedly turning the thermostats up and down. We know that older people are at risk of hypothermia and this will help alert families/carers quickly where there might be concerns.

Use of the smart home hub systems might allow a family member to use this information from the sensor alert, to remotely adjust the thermostat controls.

**Flood detectors**

Can be used in bathrooms and kitchens to alert when the person has left the plug in the sink/bath and not turned the taps off.

Before using a flood detector, consideration should be given to how the flooding risk can be reduced or eliminated. Detectors rely on water getting onto the floor, which will cause considerable damage over time and also necessitate cleaning action, as well as being a falls hazard for the person themselves. The “magi-plug” (<http://www.magiplug.com/>) works by releasing the water when it gets to a certain level to avoid flooding and also changes colour when the water is too hot. This is available for private purchase at many retail outlets and would prevent the need for flood detectors in most situations.

Push down/ self closing taps might also be an option where the person continues to leave the taps on unattended to avoid flooding risks or continued loss of water.

**Property Exit Sensors**

These sensors alert when a door is left open and the system cannot detect movement. This might indicate that the person has left the property and might need support to be able to safely return, or that they have forgotten to close their door and might be at risk from this. These can be linked to times, for example from 10pm to 6am if the person needs support to reduce the risk of them leaving the property at night, if they do not understand the time of day. A delay can also be set, for example to enable the person to go outside for a set period of time such as putting the bins out and walking around the garden.

Property exit sensors do rely on a consistent responder and also knowledge of the person’s usual routine. They should always be used to promote a person’s independence and the principles of the Mental Capacity Act should always be followed when considering these.

**Bed and Chair sensors**

These are sensor pads that are placed on the person’s chair and bed and will alert when there is a change to the person’s usual pattern. They can be used in a variety of ways, for example:

* The Service User has failed to go to bed by a specified time. This might support if the person has had a fall, or has a cognitive impairment and is not remembering to go to bed and may highlight issues with sleep and wake patterns.
* The Service User has not got up in the morning by a specified time.
* The Service User has left the bed during the night – this can be an instant alert or be set to allow a period of absence to allow the Service User to use the bathroom, make a drink etc. The times set can be adjusted to meet the Service Users lifestyle. It might detect if the person has forgotten to go back to bed or has had a fall etc.
* The adult has left their chair for a period of time – this could have time built in for the person to make a drink/lunch and go to the bathroom but if they haven’t returned, an alert will be raised.

When considering bed and chair sensors, it is important to be aware of the person’s mobility and functioning levels, as well as their normal routine. They should not be used in a restrictive way to prevent mobility and functioning; especially if the person has the ability to mobilise and access their home environment. A person should not feel that they “must” return to their bed or chair by a certain time, as this could decrease their confidence in moving around their home and reduce their autonomy. A further risk of this is that their mobility may be compromised.

**Pressure Mats**

These can also be used instead of the bed/chair sensors. A mat could be placed by the bed or chair to detect if the person gets up unexpectedly, or by the front door etc. to alert if

the person is there. They can also be used to monitor inactivity, for example if the adult normally gets up and walks from their chair every hour however they were now forgetting to get up or fell unwell, it would provide this information.

Consideration regarding the use of pressure mats and their potential impact on the person’s autonomy should be considered the same way as above. In addition, such a device might be a trip hazard to someone with poor mobility.

**PIR/Movement Sensors**

These detect movement and can be linked to products such as lamps. For example, if the person sits up in the night and needs the toilet but would forget to turn on the light and be at risk of falls; it could be set to turn the lamp on. They can be used to detect when a person has gone to areas which might be hazardous to them and the person does not have the ability to keep themselves safe- for example the top of the stairs, kitchen or main door. They can also be used to alert when there is no activity- for example if the adult always goes to their kitchen or bathroom and they fail to do this.

Sensors should not be prescribed as a replacement for night lights. Touch lamps can be purchased for people who might struggle with dexterity to turn a light/lamp switch, as simply touching the lamp turns it on. Plug in night lights with and without PIR sensors are also widely available in shops and on-line. These could be placed in a bedroom and hallway, for example to support someone accessing their toilet at night.

**Carer Assist / Pager**

Care Assist is a standalone equipment package. Often, the person being supported might be living with an informal carer and is never left alone or is only required for parts of the day/night. This equipment allows the carer to be alerted when the person presses their alarm, triggers a sensor etc. A common example is when the carer might be asleep and needs to be alerted to the person being supported waking in the night; or they are in the garden/completing other activities and need to remain connected to the adult. This system can greatly reduce stress and allow the carer to be able to confidently leave the person in another part of the home.

When considering a Carer Assist, the person’s ability to alert their carer themselves should be ascertained. It might be that the person could use a mobile phone/bell to summon help if they have insight into their needs. Equipment such as “baby alarms/monitors” could be considered to allow the carer to hear if the person calls for support; or when they may not be aware of their immediate needs/ when they hear them moving around.

**GPS systems**

Becoming lost in their community may be a concern for many people who might be living with a condition that impacts on their memory and ability to navigate around their local community. As a result, people may stop going out and become isolated. Some people may also repeatedly wish to leave their home at different times of the day and night and can become very distressed if they are not able to leave.

GPS devices (such as Vega and Pebbell) operate in the form of a watch, pendant or “fob” that the person carries round with them in the community. If they get lost, they can simply press the call button on the device and a family member will be alerted and support given to help them find their way home or locate them if this is not possible. They can be set to the adult’s normal roaming range/pattern in the community, so that the person can attend to their daily activities but if the person leaves this area, an alert could be triggered. The person’s location can be monitored and determined from the device.

Consideration should be given to who will be linked to the GPS as responders and that they would be able to support the person by giving them advice or physically supporting them to return home. GPS systems can be used as standalone equipment and are now very cost effective to self purchase; allowing the person and their family to set the system up themselves.

These GPS devices require the person to remember to wear them when they go out and to keep them charged. These factors should be discussed when a device is being investigated and a plan put in place if the person is unable to do this for themselves.

Consent and the principles of the Mental Capacity Act must always be followed when assessing for a GPS device due to the fact that they can potentially cause restrictions to a person’s liberty, because they monitor the location of the person.

The Pebbell is the more cost effective device to KCC for purchase and monitoring and should be considered before an alternative, such as a Vega device. It is however recognised that at times the Vega will be the appropriate solution, for example where a person has advanced dementia and may need the device to look like a watch for them to accept wearing it, or a locked strap is required.

**Alternatives to the GPS devices**

Other equipment can also be used to support a person when they are out in the community. If the person is able to use a mobile phone, then this should be considered- some phones have a GPS system and app which allows a person’s whereabouts to be located. Mobile phones can be programmed for speed dial and photos of family members can also be added to aid recognition. Simple mobile phones such as the Doro mobile phones are easy to use and can be personalised with pictures of family members and can have GPS links to them.

A door exit sensor might be an appropriate solution for many people, where they have a person living with them who is able to respond immediately.

**Other Technology**

There is a wide range of additional assistive technology equipment that is available for private purchase that might support people at home with their daily living and environmental control needs.

**Kara**

In response to the Coronavirus pandemic, Kent County Council have launched the Kara service – a simple one-touch video calling equipment. Kara enables Kent County Council, ASC and care providers to continue to deliver elements of care and support to residents remotely as well as provide assurance and connectivity to their informal support networks.

Take a look at the [short presentation](https://kentcountycouncil.sharepoint.com/sites/KNet/asch/asch-documents/Kara%20-%20Internal%20briefing%20V1_0%20%209%20April%202020.pdf)about the Kara service which explains what it is and how it works.

What it can do

* Medication reminders
* Prompts and reminders about anything (e.g. getting dressed, drinking fluids).
* Video/virtual “Eyes-on” during a video call supports wellbeing, welfare, safety and safeguarding – these allow you to see any changes in service users, such as, if they are symptomatic.
* Video allows professionals to double check service users have completed personal tasks, e.g. “have you applied your cream to your leg?” “have you eaten lunch?” and environmental indicators “have you fed the cat?”
* Reminders can pop up on the screen that users have to tap on, to acknowledge completion of task.
* Service users can have pre-programmed replies set up to respond to reminders if they wish, which they tap to send a response.
* Alerts can be set up to notify carers or responders if people don’t respond to their pop-up reminders.
* Texts can be sent to the device – such as “your carer is running late”.
* Check-ins/
* Devices are small enough for service users to carry them around their home.
* If charge or battery runs low, responders will be notified by auto-alerts to their own device. They can then video call the service user to remind them to put the device on charge.
* Helps professionals, families and carers tackle loneliness and isolation.​​

To make a referral please complete [this form](https://kentcountycouncil.sharepoint.com/sites/KNet/asch/asch-documents/Kara%20-%20Referral%20Form.docx) and send it to [karaservice@kent.gov.uk](mailto:karaservice@kent.gov.uk) or to find more information please visit [the Kara KNet page](https://kentcountycouncil.sharepoint.com/sites/KNet/asch/Pages/Kara-Service.aspx).

Stories on the impact the Kara service as had can also be found on [the Kent County Council main website.](https://www.kent.gov.uk/social-care-and-health/care-and-support/help-to-live-at-home/kara-service)

**Home Hub Smart equipment**

These are becoming increasingly popular for everyday use. For example Apple, Philips, Samsung, British Gas, The Nest and Amazon are but a few companies that allows mobile devices to control home settings remotely via an app. Items that can be purchased include wireless thermostats, radiator valves, temperature sensors, smoke detectors, motion detectors, lights and sensors, door and window sensors, cameras etc.

These allow people with severe mobility problems to have an enhanced control over their home environment, maximising independence.

For families who live some distance from the person that they support, these devices

might help support the person; by being able to adjust aspects of their heating and lighting for them.

These systems can be added to as a person’s needs increase.

**Memrabel**

This is a clock and calendar (which looks like a tablet) and can be programmed to give visual and verbal reminders for the person. It can have family photos and voices on it to give these and can be programmed to support the person throughout the day- such as it’s time to take medication, time to have a drink, prompt to use the toilet, that a carer will be coming soon (and the time) etc. (https:/[/www](http://www.unforgettable.org/memrabel2)).[unforgettable.org/memrabel2)](http://www.unforgettable.org/memrabel2))

**Automated Medication dispensers**

These open and dispense medication at particular times. The person needs to have the cognitive ability to then remember to take these immediately and dexterity to use the equipment.

**Useful links and Resources used within the Telecare Equipment**

**Prescription Guidance**

AskSARA

AskSARA is an online tool that provides a person with a personalised report to tell them about things that they might find useful in their daily life. By answering a few questions about the person’s needs, AskSARA can suggest equipment or ideas that could help them. AskSARA can also show the person where they can buy products to help them.

HOLD – WILL ADD LINK ONCE VERSION PROVIDED (DUE END OF JUNE)

Kent County Council and Telecare

[http://www.kent.gov.uk/social-care-and-health/care-and-support/help-to-live-at- home/equipment-and-changes-to-your-home/sensors-monitors-and-alarms](http://www.kent.gov.uk/social-care-and-health/care-and-support/help-to-live-at-home/equipment-and-changes-to-your-home/sensors-monitors-and-alarms)

Telecare Information

<http://www.athome.uk.com/useful-information/national>

<https://www.unforgettable.org/>

[https://myageingparent.com/technology/communication/mobile-apps-help-monitor-older- people/](https://myageingparent.com/technology/communication/mobile-apps-help-monitor-older-people/)

Mobile Phone

[https://www.unforgettable.org/technology/telephones?utm\_source=bing&utm\_medium=cpc](https://www.unforgettable.org/technology/telephones?utm_source=bing&amp;utm_medium=cpc&amp;utm_campaign=G%20-%20Dementia%20Phones%20-%20Exact&amp;utm_term=mobile%20phones%20dementia&amp;utm_content=Mobile%20Phones%20Dementia)

[&utm\_campaign=G%20-%20Dementia%20Phones%20-](https://www.unforgettable.org/technology/telephones?utm_source=bing&amp;utm_medium=cpc&amp;utm_campaign=G%20-%20Dementia%20Phones%20-%20Exact&amp;utm_term=mobile%20phones%20dementia&amp;utm_content=Mobile%20Phones%20Dementia)

[%20Exact&utm\_term=mobile%20phones%20dementia&utm\_content=Mobile%20Phones](https://www.unforgettable.org/technology/telephones?utm_source=bing&amp;utm_medium=cpc&amp;utm_campaign=G%20-%20Dementia%20Phones%20-%20Exact&amp;utm_term=mobile%20phones%20dementia&amp;utm_content=Mobile%20Phones%20Dementia)

[%20Dementia](https://www.unforgettable.org/technology/telephones?utm_source=bing&amp;utm_medium=cpc&amp;utm_campaign=G%20-%20Dementia%20Phones%20-%20Exact&amp;utm_term=mobile%20phones%20dementia&amp;utm_content=Mobile%20Phones%20Dementia)

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